

**BUILDING PERMIT APPLICATION**  
**Department of Community Development**  
**City of Saint Charles, Missouri**

Permit No. \_\_\_\_\_

Project address \_\_\_\_\_  
Contact person \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email Address \_\_\_\_\_  
Subdivision name \_\_\_\_\_ Lot No. \_\_\_\_\_  
Estimated cost of construction (\$) \_\_\_\_\_

Today's date \_\_\_\_\_

Same as permit no. \_\_\_\_\_

Is any portion of this property located within the flood plain? ☐ Yes ☐ No If "yes", have you submitted a Flood Elevation Certificate? ☐ Yes ☐ No

**SUBMITTAL REQUIREMENTS**

◆ *SUBMITTING INCOMPLETE PLANS MAY DELAY YOUR BUILDING PERMIT*

FOR STAFF USE ONLY:

☐ GREG ☐ BRAD  
☐ ANNE ☐ RICH  
☐ BRENDA ☐ CHUCK  
☐ ERIC ☐ JASON

**Commercial:** State Statutes require a Missouri engineer's or architect's seal on all commercial or multi-family plans. Four (4) complete sets of plans, two (2) sets of structural calcs., six (6) site plans with landscape, parking and lighting details, mechanical drawings, etc. are needed at time of application.

**Residential:** Two (2) complete sets of plans with site plans, truss designs, and mechanical drawings, etc. Truss design must have an engineer's seal. \*\*Note: If new construction, please attach a Residential Fire Sprinkler Option Form.

**Fireplaces:** Detail or specifications are required showing that the unit is U.L. (Underwriters Laboratories) approved.

**Swimming pools:**

**Above ground:** Two site plans, manufacturer's brochure indicating pool pump is U.L. approved, the name of a City approved licensed electrician.

**In-ground:** Two site plans, information from the pool manufacturer describing pool construction, the name of a City approved licensed electrician.

BUILDING DATA	TYPE OF WORK	TYPE OF STRUCTURE		
		Residential	Commercial	
Use group	<input type="checkbox"/> Demolition			
Construction type	<input type="checkbox"/> Exterior alteration	<input type="checkbox"/> Deck	<input type="checkbox"/> Amusement/recreation	<input type="checkbox"/> Miscellaneous
Area (Sq. Ft.)	<input type="checkbox"/> Fire damage repair	<input type="checkbox"/> Garage/carport	<input type="checkbox"/> Assembly	<input type="checkbox"/> Office/professional
Width	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Bank	<input type="checkbox"/> Parking garage
Depth	<input type="checkbox"/> Interior finish	# of units _____	<input type="checkbox"/> Bar	<input type="checkbox"/> Restaurant
Stories	<input type="checkbox"/> New construction	<input type="checkbox"/> Pool (above ground)	<input type="checkbox"/> Car wash	<input type="checkbox"/> Retail/commercial
Rooms	<input type="checkbox"/> Repair	<input type="checkbox"/> Pool (in-ground)	<input type="checkbox"/> Church	<input type="checkbox"/> Service station
Baths	<input type="checkbox"/> Replacement	<input type="checkbox"/> Single-family	<input type="checkbox"/> Hotel - # of rooms ____	<input type="checkbox"/> Shed
Basement	<input type="checkbox"/> Retaining walls	<input type="checkbox"/> Buyer/Customer	<input type="checkbox"/> Industrial	<input type="checkbox"/> Tower or antenna
Garage	<input type="checkbox"/> Room addition	<input type="checkbox"/> Inventory	<input type="checkbox"/> Institutional	<input type="checkbox"/> Warehouse

**PROPERTY OWNER (PLEASE PRINT)**

Name \_\_\_\_\_ Address \_\_\_\_\_

**LICENSED CONTRACTORS: (PLEASE PRINT)**

City ordinances require that the general contractor, plumber, and HVAC contractor be licensed with the City and that the electrician be bonded with the City.

Be sure to check with your contractors to be certain that they have proper licenses or bonds.

	Name	Address	Phone	License No.	Signature	Date
Builder	_____	_____	_____	_____	_____	_____
Arch/Eng	_____	_____	_____	_____	_____	_____
Electrician	_____	_____	_____	_____	_____	_____
Plumber	_____	_____	_____	_____	_____	_____
Drainlayer	_____	_____	_____	_____	_____	_____
HVAC	_____	_____	_____	_____	_____	_____

I certify that I am the owner in fee or agent authorized to apply for this permit, that I have contracted with the electrical, plumbing, HVAC, and general contractors regarding performing the work, and that cost estimates herein are true and correct, to the best of my knowledge.

Date received stamp \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_